The question of transmission by a filterable agent has not yet been investigated.—Authors’ summary.


Twenty-seven malignant mixed fibroepithelial spontaneous neoplasms involving the uterus, mammary gland, and face were discussed. At these sites both malignant epithelial and connective tissue tumors were frequent.

Clinical and Pathological Reports

Clinical investigations are sometimes included under Reports of Research

GENERAL


A review in the Medical Progress series, with 210 references. The first section deals with experimental tumors in animals, and the second with clinical observations.

The author concludes that although there is strong evidence that endocrine factors are associated with some human tumors, there is as yet no conclusive proof that these influences are directly concerned with cancer. The increasing number of cases coming to light in which cancer developed after intensive estrogen therapy is considered to be probably a coincidence, but one that cannot be ignored. The present evidence is interpreted as indicating that the sex hormones are not in themselves carcinogenic. "It is likelier that, as a result of excessive stimulation or atypical metabolism, the tissues of susceptible persons are conditioned to the action of a carcinogenic agent." In the author’s opinion, there is little to support the therapeutic use of hormones in the treatment of any cancer except that of prostatic origin. Much more information must be obtained before assessing the value of treatment of cancer of the breast or other organs with either estrogens or androgens. Castration, however, is a useful adjunct to the treatment of selected cases of cancer of the breast as well as of the prostate, but such treatment should be reserved for palliative purposes only.—W. A. B.


The possible role of the hormones in producing and ameliorating neoplastic diseases in man and the lower animals is discussed briefly, and the commercial preparations available for use by surgeons are tabulated.—W. A. B.

SKIN AND SUBCUTANEOUS TISSUES


Metastases were examined in 10 of these cases. In 3 cases the secondary tumors were epithelial, in 1 only the sarcomatous element metastasized, and in 6 cases both components were identified in the secondary growths.

Transplantation studies of a spontaneous mammary neoplasm proved it to be a mixed tumor composed of malignant epithelium and mesothelium with each element showing independent segregation. After the fifth generation of transplantation the two components were separated and are being propagated as a pure adenocarcinoma in one series and an osteosarcoma in the other.—Authors’ abstract.
**Breast**


A review, with 132 references, of the role played by ovarian, testicular, pituitary, and adrenal hormones in diseases of the breast.—W. A. B.


A review with illustrative case reports and 25 references. Three cases are reported in which the effect of gonadal hormones on the skeletal metastases of breast cancer was observed. One patient, a woman of 26 years, received both estrone and testosterone propionate. Hypercalcemia was noted following each series of injections, and x-ray examinations showed progress of the osteolytic metastases. Similar extension of bone lesions was noted in a 63 year old male with breast cancer who received testosterone propionate. A third patient, also a male, had shown striking regression of both local lesion and skeletal metastases in 4 months following bilateral orchidectomy. A fourth case, in which cutaneous nodules in a woman with breast cancer showed a decrease in vascularity following castration, is cited as supporting the hypothesis that the mode of action of estrogens in stimulating bone metastases of mammary carcinoma may be through their vasodilating properties.—W. A. B.


Two hundred and sixty-seven cases of carcinoma of the breast, seen at the University of Virginia Hospital since 1926, are reviewed. Comparison of carcinomas of the breast that metastasized to bone with those that involved viscera suggests a slightly greater degree of malignancy in the former.—W. A. B.


A case of mixed sarcoma and adenocarcinoma in a 10 year old girl is reported. A simple mastectomy was done, followed by deep x-ray therapy. The girl has been well 3 years and shows no sign of recurrence. The literature on similar mixed tumors is reviewed.—W. A. B.

**Female Genital Tract**


A discussion, with bibliography, of the pathology and malignancy of the ovarian tumors, and of the endocrine effects of both the feminizing and masculinizing groups.—W. A. B.


Endometrial hyperplasia, squamous metaplasia of the endometrium, carcinoma of the endometrium, fibroma uteri, adenomyosis, and cancer of the cervix, all can be produced in laboratory animals by hormonal agents; these are considered in relation to the morphologically similar tumors in women. The reasons for believing that the same etiological mechanisms operate in the human subjects as in lower animals are discussed.—W. A. B.


The apparent difference in size of the fetuses suggested the possibility of superfetation, but evidence for proof is meager. The fibroids may have impared the fetal nutrition and development.—M. E. H.

**Male Genital Tract**


An analysis of statistical and experimental data supporting the hypothesis that benign hypertrophy and carcinoma of the prostate in man are caused by endocrinologic imbalance is presented, with a review of spontaneous and induced carcinoma of the prostate in the lower animals. A 3 page bibliography is included.—W. A. B.


The previous work on the relation of the gonadal hormones to cancer of the prostate is summarized, and the results of treatment of 100 patients, either by surgical castration or administration of stilbestrol, are reviewed. In both cases, an immediate, though often temporary, clinical improvement was observed. The serum acid phosphatase levels were determined as an aid in following the course of cancerous activity. Urinary hormone studies indicated that fundamentally different mechanisms are involved in the regressions produced by castration and by stilbestrol.—W. A. B.


A review of the literature on the production of testicular tumors by endocrine substances in the lower animals and man, and on the excretion of hormones by patients with testicular tumors. A survey of 135 of the author’s cases confirms Hamburger’s observation that chorionic gonadotropin appears in the urine of patients with active tumor only.—W. A. B.

Description of a case.—E. L.K.


In a female, 73 years of age, postmortem examination revealed a large complex tumor of the left kidney: the central portion was characteristic of "true kidney hypernephroma" and the peripheral zone, of fibrosarcoma. The sarcomatous portion alone gave rise to metastases. The cortex of the same kidney contained a small fibromyolipomatous inclusion and a pea-sized fibromyolipoma with a deep area of epithelial cells and spindle-shaped cells. Because of similarities in their cellular components, the inclusion is considered as a malformation (hamartia), the fibromyolipoma as the corresponding benign tumor (hamartoma), and the carcinosarcoma as the malignant equivalent (hamartoblastoma). In the left ovary a typical marble-sized theca-cell tumor was found.

The association of these three rare tumors supports the dysgenetic theory of their origin. Similarities between the fibromyolipoma and the carcinosarcoma indicate that "true kidney hypernephroma" may arise from the kidney and not necessarily from adrenal heterotopia.—C. A.


Five personal, and 2 previously published cases (Masson and Simard, Stout) reported as instances of "true kidney hypernephroma" are reviewed. Five of the tumors are clear examples of true kidney hypernephroma and 2 are complex tumors (hypernephroma with squamous cell carcinoma of the pelvis, hypernephroma with true fasciulated sarcoma). All pure tumors and the hypernephromatous constituents of the complex ones are structurally similar to corticomedullary carcinoma but present some glandular lumina and many gland-like formations. These facts and the results from the study of the mixed forms support the true renal nature and the dysgenetic origin of these growths. They may be ascribed to a disturbance in the early organogenesis of the metanephric blastema. The author proposes the term "metanephroma" for all kidney tumors that are morphologically similar to corticomedullary carcinoma but genetically different. "True kidney hypernephroma" would be known as "paleogenetic metanephroma."—C. A.

Seventy-seven cases of laryngeal carcinomas, seen at the Brooklyn Cancer Institute from 1934 through 1942, are reviewed, and the methods of therapy evaluated. Four surgical procedures were used in 18 patients: electrocoagulation, epiglottic resection, aryngofissure, and laryngectomy. The remaining patients received only radiotherapy. Only intrinsic carcinoma was successfully eradicated by surgical means. Recurrence followed electrocoagulation in all cases. Among 43 patients treated with irradiation alone, 10 are still living.—W. A. B.


In an infant of 7 weeks who had a small hemangioma of the larynx causing intermittent obstruction, treatment was tracheotomy followed by irradiation. The adult, a 20 year old male, was given irradiation by radon implants, but future excision is contemplated.—W. A. B.


Five cases are reported in which bronchoscopy followed by biopsy revealed adenocarcinoma, epithelioma, or squamous cell carcinoma of the trachea. In 2 of these, the growth was treated with electrocoagulation through a bronchoscope, and subsequent x-irradiation.—W. A. B.

Intrathoracic Tumors—Lung—Pleura


A slowly growing tumor of the bronchus, diagnosed as adenoma 13½ years before the death of the patient, finally caused death by extensive metastases to the opposite lung. In a second patient, the lung was involved 1 year following the observation, by means of bronchoscopy, of a growth in the bronchus. The authors feel that bronchial adenoma should not be treated as a benign tumor and might better be called "bronchial carcinoid" as has been previously suggested.—W. A. B.


Six cases of probable primary alveolar cell carcinoma are presented, one of which was complicated by torulosis of the central nervous system. The roentgen appearance is not diagnostic; differential diagnosis from primary bronchogenic carcinoma, metastatic disease, fungal infections, tuberculosis, and pneumonitis must be made. If, from the clinical picture, neoplasm is suspected and no other primary is found, this type of neoplasm should be considered.—R. E. S.


The patient, a 24 year old man, had had complaints of cyanosis, clubbing of fingers, and frequent nosebleeds for years. There were polycythemia, polyemia, and hyperhemoglobinemia. After pneumonectomy for removal of the cavernous hemangioma in the left lung, the blood picture approached normal, and the patient returned to work.—W. A. B.

Liver and Gall Bladder


Two cases of papilloma of the gall bladder, occurring in women of 46 and 36 years of age, are discussed. The diagnosis was suggested preoperatively by roentgen examination.—W. A. B.


Description of a case.—E. L. K.


Two cases of carcinoma of the common bile duct are reported. In the first patient, a 60 year old man, a resection of the common duct was performed, with cholecoduodenostomy and choledochectomy. The second man, 67 years old, was subjected to pancreatoduodenectomy with implantation of the pancreatic duct into the duodenum. Both patients were apparently well 18 months and 7 months after operation. The previous surgical procedures for the removal of lesions in this site are discussed, and the cases reported since 1902 tabulated.—W. A. B.

Bone and Synovial Membrane


A review, including several classifications of bone tumors.—W. A. B.


The author discusses this tumor and presents 3 cases in subjects from 10 to 17 years of age, all manifesting the triad of localized pain, tenderness, and a rarefaction of bone demonstrable by x-ray examination at the site of pain and tenderness.—W. A. B.
Clinical and Pathological Reports

Cancer Res 1945;5:734-737.